

**REQUEST
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/366,678
	Filing Date	08/04/1999
	First Named Inventor	Bellovin
	Group Art Unit	2665
	Examiner Name	Thien D. Tran
	Attorney Docket No.	113335C

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114	
a) <input type="checkbox"/> Previously submitted:	
i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered).	
ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on	
iii) <input type="checkbox"/> Other	
b) <input checked="" type="checkbox"/> Enclosed:	
i) <input checked="" type="checkbox"/> Amendment / Reply	
ii) Affidavit(s) / Declaration (s)	
iii) Sheet of Additional Drawing	
iv) <input checked="" type="checkbox"/> Petition for Extension of Time to Reply	
v) Other	
2) Miscellaneous:	
a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).	
b) <input type="checkbox"/> Other	
3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.	
a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186	
i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).	
ii) <input checked="" type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).	
iii) <input checked="" type="checkbox"/> Any Other Required Fee.	

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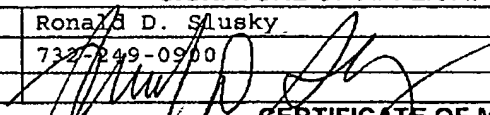
OFFICIAL

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	Customer Number -	or <input checked="" type="checkbox"/> Correspondence address below
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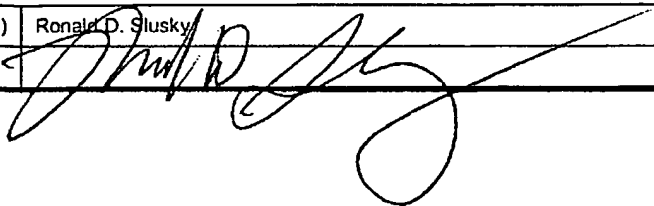
NAME	Samuel H. Dworetsky				
ADDRESS	PO Box 4110				
CITY	Middletown	STATE	NJ	ZIP CODE	07748
COUNTRY	USA	FAX			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ronald D. Slusky	REG. No.	26585
TELEPHONE	732-249-0900	DATE	10/02/03
SIGNATURE			

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage thereon, in an envelope addressed to: Commissioner for Patents, BOX RCE, Washington, D.C. 20231, or facsimile transmitted to the U. S. Patent and Trademark Office on this date: 10/02/2003

Name (Print/Type)	Ronald D. Slusky	Date	10/02/2003
Signature			

PATENT APPLICATION FEE DETERMINATION RECORD

Effective JANUARY, 2003

Application or Docket Number

09366678

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 = *	RCE
INDEPENDENT CLAIMS	4 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

B

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus ** 46	=
Independent	* 4	Minus *** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

C

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 28	Minus ** 46	=
Independent	* 4	Minus *** 7	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.